THE PERCEPTIONS OF ORGANIZATIONAL CLIMATE OF NURSING FACULTY MEMBERS AND NURSING EDUCATION ADMINISTRATORS IN SELECTED DIPLOMA SCHOOLS OF NURSING

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by
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Problem: Nursing education administration in diploma schools of nursing must recognize that the organizational climate can affect the unity of the team as a whole. This team unity can affect nursing faculty's behavior, feelings, morale, well-being, job performance and satisfaction, and adaptation to stressors. These factors are instrumental in the achievement of organizational goals and must be considered by both nursing education administrators and faculty. The purpose of this study was to investigate the perceptions regarding organizational climate of nursing faculty and administration in selected diploma schools of nursing. Using the results of this study, administration can identify areas needing intervention and implement and monitor changes in the work environment. If the climate of the organization and environment are understood, nursing education administration can create a structure and develop a climate that stimulates faculty achievement while maintaining satisfaction with the organization.

Sample: Nursing faculty and nursing education administration from NLN-accredited diploma schools of nursing in the midwestern states of Illinois, Iowa, Michigan Missouri, Nebraska and Wisconsin were invited to participate in this study. Work Environment Scale (WES) questionnaires and demographic tools were mailed to all nursing faculty members and nursing education administrators identified through an initial contact letter sent to nursing administrators in twenty-one schools of nursing. Sixty-seven percent of invited diploma schools of nursing agreed to participate in the study. There was greater than 92% response rate from nursing education administrators and a greater than 62% response rate from nursing faculty members.

Findings: 70% of the WES subscales yielded above average scores for perceptions of the work environment. Nursing education administrators' scores were generally higher than nursing faculty members with the exception of the subscale Work Pressure. A t-test of the means of the subscale scores yielded three areas of significance in perceptions of the work environment between nursing faculty members and nursing education administrators: supervisor support, clarity and innovation.

Conclusions: Differences in perceptions of organizational climate between nursing education administrators and nursing faculty members were identified. These areas provide useful information to improve the working environment in diploma schools of nursing.

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CHAPTER ONE

INTRODUCTION

Overview of the Problem

"The climate of an organization is more critical than the communication skills or techniques in creating an effective organization" (Redding, 1972, p. 111). Research has shown that organizational climate can affect motivation, productivity, and job satisfaction among its employees. Nursing education administrators need to be aware of organizational climate to promote an environment that leads to successful achievement of the organizational goals.

It is important that nursing education administrators create an organization that facilitates the achievement of organizational goals. Research has shown that altering the organizational climate can change an individual's perceptions of control and work pressure. Changes in perception of control and work pressure can lead to increased work satisfaction of the individual employee and stimulate creativity and productivity (Grigsby, 1991). Increased creativity and productivity can lead to enhanced faculty interaction and problem solving. As nursing faculty members become more empowered with decision-making, greater motivation and productivity will ensue (Arikian, 1991).

The success of an organization depends upon its ability to meet its goals. Bilik and Blum (1989) stated that organizations fail to meet their goals because they:

> . . .tend to discourage growth of exactly the kinds of individuals who could serve them best, independent, highly confident and involved. . . Specifically, the demands of the organization for dependency on a supervisor, reliance on others' decisions, and obedience to central authority are stultifying to healthy individuals and strongly at odds with critical thinking and creativity. . . . Hostility and rivalry increase; risk taking, concern for others, and taking responsibility for one's behavior all decrease (p. 10-11).

Physicians, hospital administrators, patients and families rely on nurses for expert clinical judgment, knowledgeable teaching, expert decision making and efficient technical skills as well as caring. The foundation for a nurse's practice begins in nursing education programs which must be effective in order to support nurses and nurses' work. Nursing education administrators must be concerned with components of the organization that include the quality of the program, curriculum, students, faculty, funding, and image. These components are influenced greatly by the established

organizational climate. An understanding and evaluation of organizational climate can assist nursing education administrators in maintaining a highly effective and quality nursing education program.

Although it is evident that organizational climate influences the quality of the nursing education program, a review of literature revealed that only three studies have examined the organizational climate in nursing education programs. The studies found examined the organizational climate in a bachelor of science (BSN) or master of science in nursing program. No studies could be found in the nursing literature that examined organizational climate in associate degree of nursing (ADN) or diploma nursing education. This is indeed surprising considering that organizational climate can influence the quality of nursing education programs and that ADN or diploma educational programs still educate the largest number of nurses. Based on this, an examination of organizational climate of diploma schools of nursing and ADN programs is sorely needed.

Purpose of the Study

The purpose of this study was to explore the perceptions of organizational climate of nursing faculty members and nursing education administrators. Specifically, the purpose of

this study was to examine the perceptions regarding organizational climate of nursing faculty members and nursing education administrators employed in NLN-accredited diploma schools of nursing located in the Midwestern United States. By studying the perceptions of organizational climate, nursing education administrators can identify areas needing intervention and implement and monitor changes in the academic environment. If the climate of the organization and environment are understood, nursing education administrators can create a structure and develop a climate that stimulates faculty achievement while maintaining satisfaction with the organization.

Research Questions

The following research questions were studied:

1. What are the perceptions of organizational climate in selected diploma schools of nursing?

2. Is there a difference in the perceptions of organizational climate as perceived by nursing faculty members and nursing education administrators?

Hypothesis

The following null hypothesis was examined:

There is no difference in the perceptions of organizational climate between nursing faculty members and nursing education administrators.

Definition of Terms

Nursing education administrator	The director, associate director or assistant director of nursing education in diploma schools of nursing.
Nursing faculty members	Those persons employed full-time in diploma schools of nursing whose responsibilities involve primarily classroom and clinical teaching and planning, coordination and evaluation. The terms nursing faculty members and nurse educators will be used synonymously.
Diploma schools of nursing	A two- or three-year educational program completed by an individual to prepare for registered nurse (R.N.) licensure that is controlled by a hospital or medical center. Selected diploma

	schools of nursing will be located in the Midwestern United States.
Organizational climate	The general atmosphere of the workplace and perceptions of employees that influence the motivation and behaviors of organization members. Organizational climate is also defined as the personality of an organization. Social climate has also been defined as the personality of an organization. The terms social climate and organizational climate will be used synonymously. Organizational climate will be measured by a score of 0 to 9 using the Work Environment Scale (WES) designed by R.H. Moos (1986).
Perceptions	An awareness or understanding of observations made using the

senses. Perceptions were measured through self-report.

Significance to Nursing

Completion of this study has significance for nursing education administrators and nursing faculty members in diploma schools of nursing. Data obtained from this study can be used to improve various aspects of the work environment thereby improving organizational climate (Moos, 1986).

Researchers have found that organizational climate influences a number of factors that contribute to increased job satisfaction, innovation, excellence in education, retention of faculty and provision of high-quality nursing educational programs (Haussler, 1988). Educational and industrial settings are giving increasing attention to understanding the interactions within the organization. There is little research, however, related to organizational climate in nursing education. Previous studies of organizational climate have been conducted in baccalaureate schools of nursing, but there are no published studies related to the organizational climate in hospital-based diploma schools of nursing.

Considering that applications to schools of nursing are soaring and that a shortage of qualified faculty to teach entry-level practitioners exists, nursing education administrators

recognition and excellence of a nursing school. If a school of nursing (SON) has a positive environment in which to be employed, nursing faculty's creativity, productivity, innovation and job satisfaction will improve and subsequently promote achievement of organizational goals. Concomitantly, this will promote quality education for the student and quality care for the consumer.

CHAPTER TWO

REVIEW OF LITERATURE

This chapter is divided into three major sections. The first section presents the theoretical basis for the study. A review of literature delineating organizational issues specific to nursing faculty members and nursing education administrators will be discussed in the second section. The chapter concludes with a summary of organizational climate literature.

Theoretical Basis of the Study

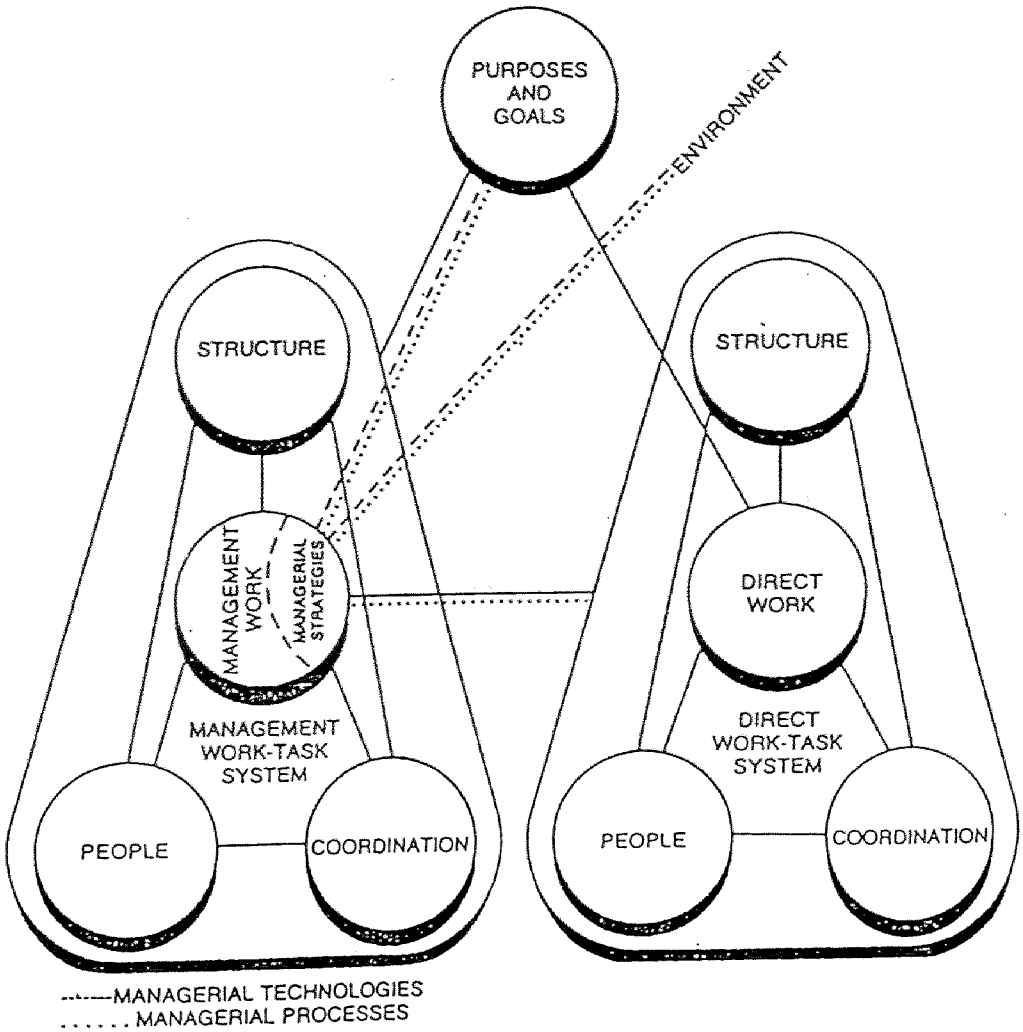
The organizational framework used to guide this study is the contingency model of organizational theory. This model establishes a set of principles matching the organization's structure with the influences of the environment, technology, people and goals to achieve optimal organizational performance (Sullivan and Decker, 1990). The contingency model proposes that in order for an organization to be effective, the structure of the organization must be appropriate to the tasks and goals established and the environment in which the organization operates (Mark, 1990).

Charns and Schaefer described a contingency model for health-care organizations. This model is based on the following premises:

1. Organizations are open systems that exist in and interact with their environments.
2. Organizations exist to do work.
3. Requirements for organizations depend on the characteristics of work (Lowenstein, 1990, p. 556).

The Charns and Schaefer model is useful in assessing organizational systems including the external environments, mission, purpose and goals, and the work of an organization. The model also can be useful in diagnosing problem areas within the organization. Figure on the following page diagrams the model described by Charns and Schaefer (1983). Eight major elements have been identified for assessment of the organization. The elements include: environment; purpose and goals; work--direct or managerial; structure; coordination; people--individuals and groups; management strategies, technologies and processes; and management work. These elements can be assessed further to identify situational factors, potential problems and strategies that can be used to improve organizational climates (Charns and Schaefer, 1983).

Figure 1



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The triangular areas of the diagram represent the two types of work in the organization, directing and managing. They are further delineated into three elements; structure, coordination, and people. The purpose and goals in the

diagram represent the necessary direct and managerial work and the management strategies applied to accomplish direct work. The environment is seen as one of most important elements of the contingency model. It influences not only the purposes and goals of the organization, but the managerial work as well (Dienemann, 1990).

The first element of managerial and direct work consists of structure, which is the grouping of individuals, tasks, and responsibilities. Structure is responsible for the interconnections and interdependencies that may vary with intensity and type. Structure is also responsible for the formal communications system and power structure utilized by the organization. The structure of direct work is collegial, whereas managerial work is bureaucratic (Dienemann, 1990).

The second element of work is coordination. The degree and type of coordination varies with size, standardization of work, skills, output, interdependence of work, amount of resources, and expertise of workers. Coordination also includes mechanisms for handling conflict. The processes of coordination for direct work and managerial work differ with direct work being political and managerial work being bureaucratic.

The third element of work is people, individually and collaboratively. The abilities, skills, perceptions, motivation,

productivity, and job satisfaction of people are major determinants of their contributions to the organization.

Provision of direct work in a school of nursing consists of providing services and education to nursing students. Managerial work consists of strategies and technologies. The strategies of managerial work include references to the environment, organizational design, internal managerial approaches, and strategic planning of organizational purposes and goals. Technologies refer to data gathering, planning and goal setting systems, scheduling systems, job descriptions, policies and procedures, protocols, allocation of resources, evaluation and reward systems, and personnel systems. Implementation of strategies and technologies occurs through power and influence, interpersonal relationships, leadership style, personality type, conflict and cooperation, norms and culture (Dienemann, 1990).

The contingency theory also emphasizes environmental exchanges that affect decision making, mission, and structure of the organization. The environment is one of the most important influences on organizational structure. The environment is defined as people, objects, and ideas outside the organization that influence the organization (Sullivan and Decker, 1990). The environment of a health care institution includes its customers which include patients; third-party

payers; regulators; competitors; and suppliers of physical facilities; personnel (schools of nursing and medicine); equipment; and pharmacologic therapy. The environment of a school of nursing includes its customers which constitute hospital or medical center administration, nursing faculty, students, and hospital staff who are considered customers of the diploma school of nursing.

Management of a school of nursing controlled by a hospital or medical center today is complex. The contingency model provides a way for nursing education administrators in diploma schools of nursing to examine the relationships among organizational technology, structure, and effectiveness. A study of these relationships is important to maintain optimal organization functioning. Nursing education administrators must have an understanding of power and influences, interpersonal relationships, leadership style, personality type, conflict and cooperation, norms and culture of their organization to maintain a quality environment producing a quality outcomes.

Organizational Issues Specific to Nursing Faculty Members and Nursing Education Administrators

The duties and responsibilities of typical nursing faculty members are many and varied. Examples of responsibilities

include teaching, service, and scholarship. Included in teaching responsibilities are advising, didactic and clinical preparation, evaluation, and direct contact hours teaching. Services include activities for the organization, the community, and the profession. Service to the organization includes involvement in day-to-day activities, committee work, and decision-making. Scholarship includes activities in research, grant writing, publications, and presentations (Valiga and Streubert, 1991).

Nursing faculty members must possess a certain level of clinical expertise as well as advanced educational preparation. They are to be minimally prepared at the master's level with an increasing number being doctorally prepared. Nursing faculty members are actively involved in research, writing, and professional organizational activities in addition to being responsible for students' educational experiences. Therefore, nursing faculty members are challenged to meet the multiple demands associated with academic life as well as maintaining clinical expertise. Many times the demands they experience can be perceived as overwhelming and conflicting (Grigsby, 1991).

Nursing education administrators in schools of nursing must understand the balance between nursing education and practice; plan for the nursing education program; be involved in provision of a quality education; think independently; be a

leader who can measure, evaluate, act, motivate and deal with people; and be involved as team members with a business mind (Rowland and Rowland, 1992). Boerstler (1988) stated that the nursing administrator needs analytical skills used in financial management, human resources management, and health policy as well as knowledge of theory, scope, standards of practice, and research methodology in nursing.

Continuous quality improvement in all facets of health care has been receiving increasing attention. Changes in governmental policies, marketing strategies and increased customer awareness have caused a greater focus on the need to integrate medical-managerial-consumer total quality improvement into the health care environment. Therefore, health care organizations must be concerned with the work environment and its influence on organizational effectiveness. Organizational climate is a quality of the environment that is experienced by its members, influences their behavior, and is described in terms of the values of the characteristics of the organization (Applebaum, 1984).

Organizational Climate

Litwin and Stringer (1968) defined organizational climate as a "set of measurable properties of the work environment, perceived directly or indirectly by the people who live and

work in this environment and assumed to influence their motivation and behavior" (p. 142). Pritchard and Karasick (1973) stated that organizational climate constitutes the psychological atmosphere of the workplace. Gillies, Franklin and Child (1991) defined the organizational climate as an agency's unique personality. These authors state that the "personality" of the health care agency may facilitate job satisfaction in some employees and prevent it in others.

Studies of organizational climate have recently received increased attention. Organizational climate is considered a component of social systems and is often confused with organizational culture. Culture is defined as shared beliefs, values, and assumptions within an organization. Organization climate has been defined by Hellriegel and Slocum (1974) as having certain attributes that can be perceived about an organization from the manner in which it deals with its members. Culture is considered relatively stable while climate is dynamic and changes in response to environmental stimuli (Turnipseed, 1990).

Organizational climate can be affected by interpersonal relations, managerial relations, and job effectiveness of employees. The concept of organizational climate encompasses the factors of cohesion, autonomy, job involvement, innovation, general job orientation, work pressure, management control,

supervisory support, and job structure that can be affected by managerial actions. In addition, these factors can provide a foundation that management can utilize in identification of problems affecting personal relations and job performance (Turnipseed, 1990).

Grigsby (1991) completed a study comparing organizational structure and organizational climate as well as the interrelationships between these factors in two baccalaureate schools of nursing. A total of sixty-nine nursing faculty and administrators were included in this study from two universities. The Work Environment Scale and structured interviews were used to obtain information from her study.

Grigsby (1991) modeled her study after Weber's model of bureaucracy and based her findings upon the type of organizational structure that the organization had. Findings from the study revealed that administrative support and autonomy were higher in the school of nursing that structurally resembled the professional model while work pressure and control were higher in the school of nursing resembling the bureaucratic model. With regard to organizational climate, Grigsby's findings revealed that organizations with a professional structure had high perceptions of administrative support and autonomy. Organizations with a bureaucratic structure had higher perceptions of work pressure and control.

The four subscales that Grigsby found significant were administrative support, autonomy, work pressure and control. Conclusions from this research indicate that based on an understanding of the relationship between the structure of the organization and the organizational climate, nursing education administrators can institute changes to support the productivity and satisfaction of faculty within schools of nursing.

Gillies, Franklin, and Child (1990) examined the relationship between organizational climate and job satisfaction of nursing personnel from four inpatient units in a teaching hospital. The Organizational Climate Description Questionnaire and Work Satisfaction Questionnaire were used as the tools to obtain information about relationships between the two variables. Findings of this study revealed than fifty percent of nursing personnel viewed responsibility as high, forty percent viewed warmth as high, forty-seven percent viewed support as high while thirty-three percent were dissatisfied with support. Results of the study revealed that nurses' job satisfaction affects job tenure, and organizational climate affects job satisfaction. Application of these findings would indicate to nurse managers that nurse turnover might by reduced by increasing staff autonomy, encouraging social activity among

staff nurses, helping subordinates with difficult tasks, and generating esprit de corps among unit staff members.

Academians agree that organizations differ by their climate. Health care administrators have associated different situations and attitudes of the organization and its effectiveness on the organization. The climate can also influence either positive or negative interpersonal relations. Therefore, organizational climate cannot be characterized as good or bad; it only has value when alterations can benefit the organization positively (Turnipseed, 1990). Turnipseed conducted research in a small nonprofit hospital employing one hundred fifteen persons. The Work Environment Scale was used to conduct his research. Interviews were also conducted with employees following completion of the WES.

Turnipseed (1990) found noticeable differences between the three shifts. The 11 p.m. to 7 a.m. sift had low involvement, peer cohesion, supervisor support, autonomy, task orientation, clarity and innovation subscale scores with work pressure and control perceived as high. The 7 a.m. to 3 p.m. shift were similar to general work group scores except for low involvement, innovation and physical comfort while work pressure and control were high. The 3-11 p.m. shift showed low involvement, supervisor support, autonomy, innovation

and physical comfort with task orientation, work pressure and control high.

Nursing educators have found that organizational climate varies among institutions and may be perceived differently by the administrator and faculty. In addition, there is a relationship between the leadership style of the administrator and faculty perceptions of climate (Haussler, 1988). Haussler stated that faculty are a major factor in the scholarly excellence and recognition of a school. The author conducted research regarding faculty perceptions of organizational climate in top-ranked baccalaureate schools of nursing. Findings revealed that nursing faculty in top-ranked schools of nursing had significantly lower feelings of constraint and restriction in their work environment than other universities. Implications of this study provide impetus for schools of nursing to provide an environment that promotes high standards for personal achievement while placing few constraints on personal/individual expression. In order to achieve the goals of the organization, nursing education administrators must provide an environment that encourages independence, confidence, and creativity on the part of faculty.

Langemo (1990) stated "how faculty members feel about their work is crucial, since a healthy work force is a productive work force and a productive and happy work force generally

ensures success for the institution" (p. 159). Langemo found from her research that the nursing faculty members' interaction with and interpretation of their work environment becomes one of the most significant factors in decreasing stress which in turn increases perceptions of work satisfaction.

Krampitz and Williams (1983) were interested in exploring dean and faculty perceptions of organizational climate in two baccalaureate nursing programs. The authors felt that the rapidly changing profession of nursing must be prepared to deal with the interpersonal challenges inherent in rapid change and expansion within the profession as well as education. They asserted that management of complex organizations requires a study of the existing climate and its influence on the organizational goals. The Organizational Climate Index was used to measure achievement standards, practicalness, supportiveness, orderliness and impulse control. Findings from their research indicated that there is inconsistency in faculty and nurse administrator's perceptions of organizational climate using the Organizational Climate Description Questionnaire. As a result of their research, the authors felt that further research should be conducted to measure other aspects of climate and other populations.

Another major tool used to study organizational climate is the WES. Flarey (1991) described a number of settings in

which the WES had been used in health care institutions but very few of the studies had been completed in nursing. Flarey stated that because of the limited number of studies in nursing, the study of organizational climate in nursing would be wide open for research to be completed by nurse executives. A challenge for nurse executives to affect organizational change could be accomplished through the use of the WES. Flarey recognized the use of the WES as a valid and reliable means of analysis of the social climate. The author identified uses of the WES as follows:

- identification of the current personality of the practice environment--use of the WES can assist in identifying major problems and deviations from the norm which may contribute to poor work environments and job dissatisfaction.
- evaluation of nurse managers--evaluation over a period of time may assist in validation of change in performance and its effect on the environment.
- planning of organizational change--the results of the WES may assist nurse executives to plan strategically for necessary change.
- evaluation of change over time--the WES may be useful for evaluation of the effectiveness of change and attainment of environmental outcomes.

- facilitation of future research--the WES will assist in development of future research designs.
- self-evaluation of nurse executives--evaluation of nurse executives for effectiveness in creating new work environments.
- fostering team effort and cohesiveness--information obtained from WES may be useful for team building, enhanced peer support and social support.
- stimulation of organizational change--changes realized in the work environment can be utilized toward aligning the goals of the organization and its employees.
- facilitation of management of the organizational climate--use of the WES will assist nursing executives to continue assessment of the organizational climate to avoid serious problems and maintain an efficient organization.
- planning for change of the physical environment--the WES has been used to identify problems with the physical environment and surroundings of the worker. Worker satisfaction is usually reduced when the physical environment is in poor condition.

Moos (1986) described uses of the WES that have been used by researchers to characterize nurses' work environments in five hospital settings. Results of the study revealed that

involvement, co-worker cohesion, task orientation, and work demands were high in oncologic and surgical settings and cohesion was above average among nurses in obstetrics/gynecology. Coronary care unit nurses' work settings were average in all these areas but high in work demands. Nurses on a medical unit scored high in work pressure but below average on involvement, cohesion, and task orientation. Oncology and OB nurses experienced the most sense of authority and personal accomplishment on the job, while nurses on the medical unit experienced the least.

Other studies have linked characteristics of the work climate to burnout. One study found that lack of involvement and autonomy as well as high work demands were related to emotional exhaustion, while a lack of task orientation and high supervisor control were linked to depersonalization. Additional studies examined social climates and employee morale and well being. The WES has been used to examine the relationship between work stressors and resources (Moos, 1986).

Summary

The role of the nursing administrator is to maintain or influence the nursing environment so as to obtain positive outcomes. This challenge requires time, commitment, responsibility and energy. The ability of nursing

administrators to create or maintain a positive work environment will affect success, power, professionalism, and work satisfaction of all those employed within the nursing organization (Flarey, 1991). The climate of an organization has been found to influence job morale and performance, psychogenic illness, role socialization, work expectations and student outcomes (Moos, 1986). The organizational climate is of utmost importance not only to nursing education administrators but also to nursing faculty members as well. By studying the perceptions of organizational climate of nursing faculty members and nursing education administrators, all parties could alter the environment enabling nursing faculty members to be more productive thereby meeting the educational goals of the organization. A study of the environment or climate of an organization must be considered of vital importance in understanding the effects on the rest of the organization. It is the joint responsibility of both nursing education administrators and faculty to create organizational climates that enhance professionalism, job satisfaction, productivity and quality outcomes.

CHAPTER THREE

METHODOLOGY OF THE STUDY

In this chapter, the design of the study, sample, protection of human subjects, data-collection instruments, and description of data-gathering procedures will be presented. The chapter will conclude by describing the methods used to analyze the collected data.

Design

This quantitative study is an ex post facto examination of the perceptions regarding work environment of nursing faculty members and nursing education administrators in selected diploma schools of nursing. An ex post facto design was used for this study because this type of study is not amenable to experimentation. It is also an efficient and effective means of collecting a large amount of data. This design is one of the most common approaches in the field of nursing.

Sample

The population for this study was identified using a list of NLN-accredited diploma schools of nursing provided by the National League for Nursing. The midwestern United States

were chosen as the general area to provide a large enough sample. The population for this study consisted of nursing faculty members and nursing education administrators in twenty-one NLN-accredited diploma schools of nursing in the Midwest. The number of schools of nursing by state invited to participate in this study were:

State	Number of Diploma SON in State
Illinois	5
Indiana	1
Iowa	5
Kansas	0
Michigan	3
Minnesota	0
Missouri	5
Nebraska	1
North Dakota	0
South Dakota	0
Wisconsin	1

The accessible sample consisted of one hundred ninety nursing faculty members and twenty-eight nursing education administrators. Each school of nursing had one to three nursing education administrators and six to forty-one nursing faculty members.

Protection of Human Subjects

Permission to conduct this study was first obtained from the Drake University Human Subjects Research Review Subcommittee. Following this approval, nursing education administrators were invited to participate in the study in an initial contact letter explaining the purpose of the study and other pertinent information.

The rights of the subjects, including the right to freedom from harm, the right to informed consent, and the right to privacy were maintained throughout the study. A cover letter (Appendix A) was sent to each participant. The cover letter explained the purpose of the study, the procedures that would be followed, the benefits of participation, the risks of participation, and how participation was voluntary and how the results could be obtained. The participants also were informed that their participation in the study would not affect their employee status. Consent for the study was indicated by the subject's completion and return of the questionnaire. Subjects were reminded to exclude their names from the demographic tool and the WES thereby ensuring anonymity. All results of this study were reported in aggregate form. Information obtained from the study was kept in a secure location.

Data-collection Instruments

The questionnaire used in this study was the Work Environment Scale (WES) developed by R. H. Moos (1986). The questionnaire consists of ninety true/false questions developed to evaluate each of ten subscales. The ten subscales in the WES are: Involvement, Peer Cohesion, Supervisor Support, Autonomy, Task Orientation, Work Pressure, Clarity, Control, Innovation, and Physical Comfort. Each subscale has nine questions to measure that portion of the work environment. The questions were designed to represent a 50/50 ratio of positive and negative aspects of the work environment (Appendix B).

The WES is comprised of these ten subscales that measure the social environments of work settings. The ten subscales are grouped into three domains: the Relationship dimension, Personal growth dimension, and System maintenance and system change dimension. The Relationship dimension subscales of Involvement, Peer Cohesion, and Supervisor Support measure involvement and commitment of employees to their job and quality of relationships with supervisors. This dimension includes assessment of the extent to which employees are concerned about and committed to their jobs; the extent to which employees are friendly to and supportive of one another; and the extent to which

management is supportive of employees and encourages employees to be supportive of one another (Moos, 1986).

The Personal growth dimension subscales of Autonomy, Task Orientation, and Work Pressure measures job-employee-management interactions in the work environment. This dimension includes assessment of the extent to which employees are encouraged to be self-sufficient and to make their own decisions; the degree of emphasis on good planning, efficiency, and getting the job done; and the degree to which the press of work and time urgency dominate the job milieu (Moos, 1986).

The System maintenance and system change dimensions of Clarity, Control, Innovation, and Physical Comfort assesses the degree to which employees know what to expect in their daily duties, the extent to which pressure and bureaucracy are used to control the employees, and the organization's emphasis on innovation. It also measures the effect of the physical conditions of the workplace with respect to a pleasant work environment (Moos, 1986, p. 2).

The WES has also been used to describe the determinants of work climate. Moos stated that the work environment has been conceptualized as a dynamic system composed of four domains: physical features, organizational structure and policies, suprapersonal and task factors, and social climate.

Moos proposed that the impact of architectural, organizational, and suprapersonal and task factors arise from the social climate that they help to promote. In turn, the social climate can alter the influence of the other three domains on employee morale and performance (Moos, 1986).

The WES has three forms (Form R, Form I, Form E). Form R measures perceptions of the real work environment as seen through the eyes of the employees, supervisors and managers. Form I measures the ideal goals and value orientations individuals hold in their work settings. Form E assesses what individuals expect their work environments to be like (Moos, 1986). For the purposes of this study, Form R was used to provide a comprehensive description of social climate of the current work environment. Form R was the form of choice because the purpose of this study was to measure the perceptions of organizational climate as it currently exists.

The WES has been utilized in a large number of research projects. It has been used to describe and compare work settings in health care, educational and social service settings. This tool was developed as a result of research about work environments and related social psychology. It was tested on 1442 employees in a variety of general work groups and 1607 health care employees. The health care employees included workers in outpatient psychiatric clinics, mental health centers,

state hospitals, long-term care facilities, medical-surgical and critical care units, veterans hospital, and a children's treatment center (Moos, 1986).

The means and standard deviations for the general work groups and health-care work group are found in Appendix C. Information gained from the initial 200-item pretest WES resulted in the development of a 138-item Form B. Form B was administered to 44 work groups consisting of 624 employees. This form was administered to a variety of work groups to ensure that it would be applicable to all work groups. The work groups included the following people: municipal employees in administrative, financial, recreational and community services; janitors, maintenance workers, plumbers and security officers; maintenance and production workers at a large factory; drivers; mechanics and forklift operators at a soft-drink bottling plant; and employees at an electronics firm. Also sampled were work groups from several health-care employment settings: faculty members in a university-affiliated nursing school, administrative and staff nurses at a Veterans Administration medical center and professional and paraprofessional workers in a psychiatric outpatient clinic (Moos, 1986). Final criteria were established to evaluate each of the subscales and items for the WES. The results of the

criteria lead to the development of a 90-item, 10-subscale WES that was used in this study.

Internal consistency (Cronbach's Alpha) has been calculated for each of the ten WES subscales. The internal consistencies are all in acceptable range, varying from 0.69 for Peer Cohesion to 0.86 for Involvement with a mean of .78. Subscale intercorrelations were also calculated for the ten subscale scores for a sample group of 1045 employees in general and health-care work groups (Appendix D). Test-retest reliabilities were calculated on the ten subscales for 75 employees who took Form R twice in a one-month interval (Appendix E). In addition, Form R profile stability correlations were obtained for a group of 90 persons who had not changed work settings and rated their work environment 12 months apart. Scores on the 12-Month Stability ranged from 0.51 to 0.63 (Moos, 1986). (Appendix E)

Validity for the WES has been established through repeated use of the tool. Content and construct validity was determined through administration of the tool to various work groups and refinement of the original items (Grigsby, 1991). The initial research conducted by Moos (1986) collected data from 1442 general work group employees and 1607 health-care work groups. Results of this study indicated that the findings should be interpreted with caution because of the

difference between work groups. The general work settings rate supervisor support, clarity of expectations and physical comfort higher than that of health-care employees. Other differences found general work groups were more involved and cohesive than health-care groups. The differences may be related to staff morale and burn-out problems due to the stressful and emotionally draining nature of health-care work and the bureaucracy encountered in organizations such as large hospitals (Moos, 1986).

The WES is one of ten social climate scales developed by R. H. Moos in 1986. Social climate scales developed by Moos, other than the WES are useful for assessing the environments of community settings, educational environments, residential care and treatment settings, military units and correctional facilities. Moos stated that the social climate scales can be used to describe and compare environments; monitor stability and change over time; examine how environments influence morale, well-being and other outcomes; and help people make their lives more satisfying (Moos, 1987).

A demographic tool was developed by the researcher for this study (Appendix F). Nursing faculty members and nursing education administrators were asked to provide information regarding age, years of clinical experiences, years of education (classroom and clinical), educational preparation (basic and

(basic and advanced), and hours per week worked. The demographic questionnaire also asked the respondent to report the number of students in their nursing program as well as student/faculty ratio (classroom and clinical).

Description of Data-gathering Procedures

After permission was received from the Drake University Human Subjects Research Review Subcommittee to proceed with the study, a letter was mailed to each nursing education administrator of the selected diploma schools of nursing inviting them to participate in this study (Appendix A). Nursing education administrators, who agreed to have their school participate, were asked to provide a list of full-time nursing faculty members and all nursing education administrators employed at their school. A self-addressed stamped envelope was included in the mailing for nursing education administrators to return these lists. When the list was received, a letter (Appendix G) describing the purpose of the study, a WES and answer sheet , a demographic tool (Appendix F), and a self-addressed stamped envelope was mailed to each nursing faculty member and nursing administrator at the school of nursing address. A reminder postcard was sent approximately three weeks following the initial mailing to each faculty and administrator. (Appendix H)

A second mailing to nursing education administrators occurred approximately three weeks after the initial invitation. At that time eight nursing schools had not responded. Another invitation to participate in the form of a letter (Appendix I), the initial letter (Appendix A), a denial to participate form (Appendix J), and a self-addressed stamped envelope were included in the mailing. The second invitation to nursing education administrators yielded one additional school willing to participate and three denials to participate. This school of nursing had an excellent return rate within three weeks (twelve out of thirteen respondents), therefore reminder postcards were not mailed.

Due to an error made when collating the initial mailing, a second demographic tool was mailed to the nursing education administrators at fourteen schools of nursing. The demographic tool at the time of the initial mailing was not color-coded to differentiate between nursing faculty members and nursing education administrators. Therefore a second mailing including a cover letter with another demographic tool explaining the need for completion of an additional demographic tool was mailed to thirteen nursing administrators (Appendix K). A mailing was not necessary to each nursing education administrator because some had identified themselves on the WES answer sheet or included

their return address. Twelve out of thirteen nursing education administrators returned the second form. One nursing education administrator in this group returned the demographic tool with a statement that the WES had been misplaced during a recent move. This administrator's data were not included in the study. The forms returned by administrators and the postmarks were compared to previous demographic tools and postmarks from the first mailing to ascertain matches. The second demographic form was then fastened together with the nursing education administrator's first response.

Methods of Analysis of Data

Upon receipt of each response from nursing faculty and administration, each response was fastened together with the return envelope, the WES answer sheet, and demographic tool. Scores on the WES were calculated using the template provided by the Consulting Psychologist Press. The responses were collated according to postmark on the envelope.

Descriptive statistics were used to analyze the data obtained from the demographic tool. The following information was presented in table format: age, years of nursing experiences, years of teaching experience (classroom and

clinical), educational preparation, hours worked per week, student/faculty ratio for classroom and clinical.

Inferential statistics were used to analyze the data obtained from the WES answer sheets. The raw score for each subscale were totaled, the means of nursing faculty members and nursing education administrators were calculated for each of the ten subscales and reported separately. These scores were converted to standard scores using the conversion table provided in the WES manual.

An independent t-test was conducted to test differences in perceptions of nursing faculty members and nursing education administrators on each of the ten subscales of the WES. The results of the t-test were reported in a table format.

CHAPTER IV

ANALYSIS OF DATA

In this chapter, an analysis of the characteristics of the sample and demographic form is presented. In addition, a description of results obtained from nursing faculty and administration on the WES is presented. Description of the results of statistical analyses of the differences in perceptions of organizational climate of nursing faculty and administration will conclude this chapter.

Characteristics of Sample

The initial invitation to nursing education administrators yielded thirteen schools of nursing that wished to participate. One diploma school of nursing in the initial response was in the process of changing to a two-year basic educational program plus two-year completion program. This school was included in the study. The second mailing to nursing education administrators yielded one additional school of nursing willing to participate.

A total of fourteen schools of nursing from Illinois, Iowa, Michigan, Missouri, Nebraska and Wisconsin accepted the invitation. Twenty-one diploma schools of nursing were

invited to participate in this study. Table 1 identifies the number of diploma schools of nursing per state and the number of diploma schools of nursing participating in the study.

Table 1

Diploma Schools of Nursing in State/Diploma Schools of Nursing Participating

States	No. SON in State	No. SON participating
Illinois	5	1
Indiana	1	0
Iowa	5	5
Michigan	3	3
Minnesota	0	0
Missouri	5	2
Nebraska	1	1
North Dakota	0	0
South Dakota	0	0
Wisconsin	1	1

Seven nursing schools did not participate in the study. Three schools of nursing returned the denial to participate with the reasons why their school did not wish to participate at this time. Four schools of nursing did not respond at all to

invitations to participate. One school was in the process of changing to a BSN program. One nursing education administrators responded to the request that it was bad timing for their school to participate because 90% of the faculty had been appointed in the last 1 1/2 years, a curriculum revision was in process and enrollment had increased 200% in the past two years. One nursing education administrator responded one month after the second request that faculty were leaving for summer vacation.

Sixty-seven percent of diploma schools of nursing invited to participate in the study actually participated. Return rates for all nursing education administrators from each school of nursing ranged from 50-100%. Return rates for nursing faculty members from each school of nursing ranged from 36.59-100% (Table 2).

The total number of letters containing the WES, answer sheet and demographic tool mailed during the months of April and May was 228. There were 30 possible responses from nursing education administrators and 198 possible responses from nursing faculty members. The return rate for nursing education administrators was 90% with 27 responses returned. Two nursing education administrators returned the demographic tool without returning the WES answer sheet.

Table 2

Response Rates of Diploma Schools of Nursing

	Total Sample	Nursing Administration			Nursing Faculty		
SON	Total Returned	No. Returned	No. Employed	%ile	No. Returned	No. Employed	%ile
1	9	1	2	50.00%	8	14	57.14%
2	4	1	2	50.00%	3	6	50.00%
3	14	3	3	100.00%	11	15	73.33%
4	10	2	2	100.00%	8	10	80.00%
5	7	1	2	50.00%	6	11	54.55%
6	11	2	2	100.00%	9	14	64.29%
7	12	2	2	100.00%	10	16	62.50%
8	8	1	1	100.00%	7	12	58.33%
9	11	2	2	100.00%	9	11	81.82%
10	6	2	2	100.00%	4	10	40.00%
11	12	2	2	100.00%	10	10	100.00%
12	18	3	3	100.00%	15	41	36.59%
13	17	3	3	100.00%	14	17	82.35%
14	12	2	2	100.00%	10	11	90.91%
Totals	151	27	30		124	198	

Overall Return Rate	66.23%
Response Rate of Administrators	90.00%
Response Rate of Faculty	62.63%

One of the administrators included a statement that she had lost the WES during a recent move.

The return rate for nursing faculty members was 62.63% with 124 responses returned. Three nursing faculty members did not return the demographic tool but did return the WES answer sheet. Some faculty and administrators had included their name on their WES answer sheet or their return address on the envelope and a reminder postcard was not mailed to them at that time. The overall return rate for both nursing faculty and administration was 66.23%.

Data Analysis

The demographic tool that accompanied the WES was returned by all nursing education administrators three nursing faculty members, however, did not return the demographic tool. Table 3 presents the descriptions of the demographic characteristics of age, years of nursing experience, years of classroom teaching in nursing, years of clinical teaching, hours worked per week and numbers of students in each diploma program.

Table 4 describes the basic educational preparation and advanced educational preparation of nursing faculty and administration. This table also describes the educational

Table 3

Demographic Characteristics of Sample

Characteristic	Sample	N	Mean	Median	Minimum	Maximum
Age	Administration	24	47.42	48	37	59
	Faculty	121	43.182	43	28	62
Years of Nursing Experience	Administration	25	11.22	7	1.5	33
	Faculty	121	12.938	11	2	33
Years of Classroom Teaching	Administration	26	15.5	14	0	35
	Faculty	121	9.598	7	0.4	35
Years of Clinical Teaching	Administration	25	13.32	13	0	26
	Faculty	121	9.652	7	0	35
Hours Per Week Worked	Administration	25	43.84	40	40	60
	Faculty	120	40.167	40	24	60
Number of Students in Program	Administration	26	183.1	152.5	75	340
	Faculty	120	180.86	151	60	400

Table 4

Basic and Advanced Educational Preparation of Sample

Basic Educational Preparation		Advanced Educational Preparation	
ADN	11	PhD	3
		Ed D	1
DIP	64	MSS	1
		MSN/MS	2
BSN	69	MSN/MEd	1
		MSN/MA	5
DID NOT ANSWER	6	MSN	67
		MS	20
Total	150	MPA	1
		MBA	1
		M N	2
		M Ed	7
		M A	9
		BSN	6
		No Advanced Degree Documented	24
		Total	150

Breakdown of Advanced Educational Preparation

Nursing Administrators		Nursing Faculty	
PhD	1	PhD	2
Ed D	1	M A	3
MSN/MS	1	MAEL	1
MSN	10	MAHA	1
MS	7	MAHCM	1
M Ed	3	MAHE	1
M A	2	MBA	1
BSN	1	MEd	4
No report	1	MN	2
		MPA	1
Total	27	MS	13
		MSN	57
		MSN/MA	3
		MSN/MEd	3
		MSN/MS	1
		MSS	1
		BSN	5
		No Advanced Degree Documented	23
		Total	123

preparation for nursing faculty members and nursing education administrators in groups

This study was completed to determine what the perceptions of organizational climate in selected diploma schools of nursing and if there is a difference in the perceptions of organizational climate as perceived by nursing faculty members and nursing education administrators. In order to test the hypothesis, "There is no difference in the perceptions of organizational climate of nursing faculty members and nursing education administrators in selected diploma schools of nursing, the means of the raw scores from the WES for nursing faculty members and nursing education administrators were converted using the Standard Conversion Table for General and Health-Care Work Settings as found in the Work Environment Scale Manual by Moos (1986). The converted scores provide information related to each subscale using nursing faculty members and nursing education administrator's scores of work groups in general and health-care workers (Table 5). The converted scores were then applied to the Interpretive Report included along with the Work Environment Scale Manual to determine where the scores rated. The Interpretive Report provides a scale allowing comparison of perceptions to the scores of work groups in general. These comparisons range

from considerably below average to considerably above average and are different for each subscale.

The information gained by comparing the WES scores to the standard scores for general work groups and health care workers indicate that, as a whole, nursing faculty members fell in the average to above average range for seven out of ten subscales with the exceptions being Supervisor Support, Clarity, and Control. Nursing education administrator's scores reveal two subscale scores of average with seven scores in the above average to well above average range. Only one subscale, Control, was scored below average for nursing education administrators (Table 5).

The scores of the WES for nursing faculty members and nursing education administrators were entered into a computer for statistical analysis. An independent t-test was completed to compare the means of the WES scores for nursing faculty member and nursing education administrators. Results of this analysis are presented in Table 6.

The first three dimensions measured by the WES are the relationship dimensions. The Involvement and Peer Cohesion subscales revealed no significant differences in perceptions of between nursing faculty members and nursing education administrators. However, analysis of scores on the subscale Supervisor Support revealed a statistically significant

Table 5

Converted WES Scores of Nursing Faculty and Nursing Administrators

Subscale	Administration*	Interpretation**	Faculty*	Interpretation**
Involvement	7.37	Above average	7.15	Above average
Peer Cohesion	6.21	Average	5.82	Average
Supervisor Support	6.67	Above average	4.85	Below average
Autonomy	7.17	Well above average	6.29	Average
Task Orientation	6.96	Above average	6.64	Above average
Work Pressure	6.29	Well above average	6.48	Well above average
Clarity	6.58	Above average	5.33	Below average
Control	4.25	Below average	4.58	Below average
Innovation	5.29	Average	4.29	Average
Physical Comfort	6.17	Above average	5.35	Average

*Administration and Faculty scores above are the means of the WES scores.
**Administration and Faculty scores as interpreted by Interpretive Report Form by R. H. Moos (1989).

difference in perceptions of supervisor support between nursing faculty members and nursing education administrators. Faculty perceptions of supervisor support is lower than the perceptions of nursing education administrators (Table 6)

The Personal Growth or Goal Orientation dimension subscales include the Autonomy, Task Orientation, and Work Pressure subscales. The only subscale that revealed a statistically significant difference in perceptions between nursing faculty members and nursing education administrators was the autonomy subscale (Table 6).

The System Maintenance and System Change dimension subscales include Clarity, Control, Innovation, and Physical Comfort. Only the Clarity subscale revealed a statistically significant result.

Based on the findings from this study, the null hypothesis is not rejected. However, perceptions of three of the nine subscales were found to be significantly different between nursing faculty members and nursing education administrators. There was a statistically significant difference in perceptions in the subscales Supervisor Support, Autonomy, and Clarity between nursing faculty members and nursing education administrators in selected diploma schools of nursing in the Midwest.

Table 6

T-test Results of the WES For Nursing faculty and Nursing Administration

		N	Mean	St Dev	T score	P value
Relationship Dimensions						
Involvement	Faculty	123	7.15	2.02	T=-0.64	P=0.52
	Administration	24	7.37	1.5		
Peer Cohesion	Faculty	123	5.82	2.16	T=-0.91	P=0.37
	Administration	24	6.21	1.86		
Supervisor Support	Faculty	123	4.85	2.55	T=-3.42	P=0.0016**
	Administration	24	6.67	2.35		
Personal Growth or Goal Orientation Dimensions						
Autonomy	Faculty	123	6.29	2.29	T=-2.20	P=0.033*
	Administration	24	6.16	1.66		
Task Orientation	Faculty	123	6.64	1.88	T=-0.84	P=0.41
	Administration	24	6.96	1.65		
Work Pressure	Faculty	123	6.48	2.18	T=0.40	P=0.69
	Administration	24	6.29	2.1		
System Maintenance and System Change Dimensions						
Clarity	Faculty	123	5.33	2.5	T=-2.40	P=0.022*
	Administration	24	6.58	2.3		
Control	Faculty	123	4.58	2.06	T=0.73	P=0.47
	Administration	24	4.25	2.01		
Innovation	Faculty	123	4.29	2.81	T=-1.58	P=0.12
	Administration	24	5.29	2.84		
Physical Comfort	Faculty	123	5.35	2.52	T=-1.35	P=0.19
	Administration	24	6.17	2.75		

*--Statistically significant (P value <0.05)
**--Statistically significant (P value <0.01)

In addition to the data description and analyses provided to answer the research questions, the data were further analyzed by placing the entire sample in categories according to age, years of clinical teaching, and numbers of students per program. These categories were chosen from the categories on the demographic tool answered by nursing education administrators and nursing faculty members.

It is interesting to note that when grouping nursing education administrators and nursing faculty members together by age, the 55-65 year olds scored clearly below average in supervisor support. This age group may perceive that their supervisors are not supportive of them. Within this age group, only 12% were nursing administrators. This age group's scores were also well below average in autonomy while the 35-45 year old group scores well above average in the same subscale. Scores in these two areas may indicate that the group of 35-45- year olds perceive a great deal of freedom in their positions while the 55-65 year old group do not perceive a great deal of freedom with decision making. The 55-65 year old group scores were clearly below average in innovation (Table 7).

When grouping nursing education administrators and nursing faculty members by clinical years of teaching, the group having 25-35 years of experience scored clearly above

average in innovation and autonomy. This group also scored well above average in task orientation, clarity and physical comfort. All other groups scores ranged from below average to above average. These scores may indicate that the group feel comfortable in their positions. (Table 8)

The only significant findings when grouping nursing faculty members and nursing education administrators according to numbers of students in the program indicate that the largest schools of nursing's perceptions were clearly above average in physical comfort. The majority of the other subscale scores indicate below average to above average scores. (Table 9)

Summary

The purpose of this study was to examine the perceptions of organizational climate of nursing faculty members and nursing education administrators in selected diploma schools of nursing. The findings for this study have been presented. The perceptions of Supervisor support, Clarity, and Autonomy were found to be statistically significant when comparing nursing faculty members and nursing education administrators.

Table 7

Interpretive Report for Nursing Faculty and Administration by Age

Subscale	Age Range	N	Mean	Interpretation
Involvement	25-35	23	6.74	Average
	35-45	63	7.37	Above Average
	45-55	48	7.35	Above Average
	55-65	10	6.80	Above Average
Peer Cohesion	25-35	23	5.91	Average
	35-45	63	6.00	Average
	45-55	48	5.90	Average
	55-65	10	5.00	Below Average
Supervisor Support	25-35	23	5.61	Average
	35-45	63	5.18	Below Average
	45-55	48	5.44	Average
	55-65	10	2.70	Clearly Below Average
Autonomy	25-35	23	6.30	Above Average
	35-45	63	6.83	Well above average
	45-55	48	6.60	Above average
	55-65	10	3.90	Well below average
Task Orientation	25-35	23	6.39	Above average
	35-45	63	6.79	Above average
	45-55	48	6.88	Above average
	55-65	10	6.10	Average

Table 7

Interpretive Report for Nursing Faculty and Administration by Age (continued)

Subscale	Age Range	N	Mean	Interpretation
Work Pressure	25-35	23	6.57	Well above average
	35-45	63	6.33	Well above average
	45-55	48	6.27	Well above average
	55-65	10	6.70	Well above average
Clarity	25-35	23	4.57	Below average
	35-45	63	5.64	Average
	45-55	48	6.00	Average
	55-65	10	4.80	Below average
Control	25-35	23	4.04	Below average
	35-45	63	4.37	Average
	45-55	48	4.71	Average
	55-65	10	6.00	Above average
Innovation	25-35	23	4.82	Average
	35-45	63	4.86	Average
	45-55	48	4.21	Average
	55-65	10	2.00	Clearly below average
Physical Comfort	25-35	23	4.48	Average
	35-45	63	6.00	Above average
	45-55	48	5.40	Above average
	55-65	10	5.20	Average

Table 8

Interpretive Report for Nursing Faculty and Administration by Clinical Years of Teaching

Subscale	Years	N	Mean	Interpretation
Involvement	0-5	52	7.33	Well above average
	5-10	30	6.80	Above Average
	10-15	30	7.43	Well above average
	15-25	25	6.96	Above Average
	25-35	7	8.29	Clearly above average
Peer Cohesion	0-5	52	5.87	Below average
	5-10	30	5.73	Average
	10-15	30	6.13	Average
	15-25	25	5.68	Below Average
	25-35	7	6.43	Below average
Supervisor Support	0-5	52	5.15	Below average
	5-10	30	5.53	Average
	10-15	30	5.37	Average
	15-25	25	4.84	Below average
	25-35	7	4.71	Below average
Autonomy	0-5	52	6.21	Average
	5-10	30	6.63	Above average
	10-15	30	7.27	Clearly above average
	15-25	25	6.00	Average
	25-35	7	6.14	Average
Task Orientation	0-5	52	6.83	Above average
	5-10	30	6.60	Above average
	10-15	30	6.83	Above average
	15-25	25	6.32	Above average
	25-35	7	7.43	Well above average

Table 8

Interpretive Report for Nursing Faculty and Administration by Clinical Years of Teaching (continued)

Subscale	Years	N	Mean	Interpretation
Work Pressure	0-5	52	6.46	Well above average
	5-10	30	6.37	Well above average
	10-15	30	6.53	Well above average
	15-25	25	6.20	Well above average
	25-35	7	5.71	Above average
Clarity	0-5	52	5.46	Average
	5-10	30	5.57	Average
	10-15	30	5.90	Average
	15-25	25	4.84	Below average
	25-35	7	7.00	Well above average
Control	0-5	52	4.62	Average
	5-10	30	5.00	Average
	10-15	30	3.87	Below average
	15-25	25	4.36	Average
	25-35	7	5.29	Average
Innovation	0-5	52	4.67	Average
	5-10	30	3.73	Average
	10-15	30	4.90	Average
	15-25	25	4.52	Average
	25-35	7	4.14	Average
Physical Comfort	0-5	52	5.29	Above average
	5-10	30	6.10	Above average
	10-15	30	5.90	Above average
	15-25	25	4.64	Average
	25-35	7	6.86	Well above average

Table 9

Interpretive Report for Nursing Faculty and Administration by Numbers of Students in the Program

Subscale	Number	N	Mean	Interpretation
Involvement	50-100	28	7.50	Well above average
	100-150	43	6.77	Above Average
	150-200	31	7.03	Above average
	200-300	24	7.38	Well above Average
	300-400	18	7.67	Well above Average
Peer Cohesion	50-100	28	6.00	Average
	100-150	43	5.93	Average
	150-200	31	5.70	Average
	200-300	24	5.58	Average
	300-400	18	6.11	Average
Supervisor Support	50-100	28	4.96	Below average
	100-150	43	4.79	Below average
	150-200	31	5.36	Average
	200-300	24	4.96	Below average
	300-400	18	6.22	Average
Autonomy	50-100	28	6.29	Above average
	100-150	43	6.47	Above average
	150-200	31	6.87	Above average
	200-300	24	6.25	Above average
	300-400	18	6.17	Average
Task Orientation	50-100	28	6.36	Above average
	100-150	43	6.98	Above average
	150-200	31	8.48	Above average
	200-300	24	6.38	Above average
	300-400	18	7.33	Well above average

Table 9

Interpretive Report for Nursing Faculty and Administrators by Number of Students in the Program (continued)

Subscale	Number	N	Mean	Interpretation
Work Pressure	50-100	28	6.46	Well above average
	100-150	43	6.91	Clearly above average
	150-200	31	4.97	Well above average
	200-300	24	5.92	Well above average
	300-400	18	6.50	Well above average
Clarity	50-100	28	5.36	Average
	100-150	43	5.44	Average
	150-200	31	5.10	Below average
	200-300	24	5.88	Average
	300-400	18	6.22	Average
Control	50-100	28	5.04	Average
	100-150	43	4.61	Average
	150-200	31	4.07	Below average
	200-300	24	3.96	Below average
	300-400	18	5.28	Above average
Innovation	50-100	28	4.04	Average
	100-150	43	4.23	Average
	150-200	31	4.45	Average
	200-300	24	5.50	Above average
	300-400	18	4.17	Average
Physical Comfort	50-100	28	4.86	Average
	100-150	43	5.00	Average
	150-200	31	4.68	Average
	200-300	24	6.92	Clearly above average
	300-400	18	6.72	Clearly above average

CHAPTER FIVE
DISCUSSION AND RECOMMENDATIONS

This study examined the perceptions of organizational climate of nursing faculty members and nursing education administrators. In this chapter, a discussion of the findings related to organizational climate will be presented. This will be followed by a discussion of the application of these findings for the discipline of nursing. This chapter will conclude with recommendations for further study of this topic.

Discussion of Findings

The work environment can be influenced by the grouping of individuals, tasks, and responsibilities. The environment that is supported by nursing administration is responsible for the communications, power structure and connections between nursing faculty and administration. Organizational climate can also be affected by the coordination of work, skills, resources, and expertise of the employees. Nursing faculty and administration working individually or collectively can affect the abilities, skills, perceptions, motivation, productivity, and job satisfaction of people which are major determinants of their contributions to the organization. Contributions from nursing

faculty and administration may positively or negatively influence the ability of the organization to meet its goals.

The contingency theory emphasizes the environmental changes that can affect decision making, mission and structure of the organization. A negative work environment will challenge the ability of nursing administration to empower faculty in decision making and jeopardize the achievement of the organizational goals. A positive work environment will increase the job satisfaction, motivation, and productivity of all employees. As described in the contingency model, the structure, people, coordination and work of the organization can be influenced by the work environment.

The assessment of the work environment can yield information that may identify strengths or weaknesses related to the organization. The identified weaknesses can be assessed in greater depth and if necessary altered to strengthen the environment leading to greater achievement of organizational goals. In addition, improvement of the weaknesses identified in the organization can actually lead to greater job satisfaction, creativity, productivity and innovation; increased excellence in current nursing educational program; retention of faculty and provision of the highest quality nursing education.

In general, diploma schools of nursing were found to have a positive organizational climate with seven of ten

subscales having no significant differences in perceptions between nursing faculty members and nursing education administrators. Completion of a study regarding organizational climate should be viewed by nursing education administrators and nursing faculty members as an opportunity for organizational improvement. This study will only strengthen the nursing climate but may also provide assessments for areas needing further evaluation. In order to effect organizational change, assessment of current status should be completed.

In regard to the subscale Involvement, nursing faculty and administration's perceptions were above average. Therefore, nursing faculty members and nursing education administrators were found to score higher as a group than the general work group scores identified by Moos (1989)..

Nursing faculty and administration's perceptions of the subscale Peer Cohesion were average. This may indicate that nursing faculty and administration feel that co-workers friendliness and support of one another could be improved to form greater cohesiveness as a group.

The scores related to Supervisor Support indicate significantly different perceptions of nursing faculty and administration. Scores of nursing administration would indicate that their perceptions of support of employees or compliments to faculty are stronger than faculty actually

perceive. The nursing faculty's score is rated below average which may indicate that nursing faculty do not perceive being able to freely approach supervision regarding concerns or questions. The scores for this subscale would indicate that nursing faculty members perceive that management may not be supportive of them or that the encouragement to be supportive of fellow faculty members is low. Nursing faculty may perceive that supervisors rarely provide positive feedback regarding their performance or that faculty does not receive credit for contributing positively to the organization.

In the Personal growth dimension of the WES, the subscale scores ranged from average to well above average for both groups. WES scores for the subscale Autonomy indicate that administrators perceive that employees are encouraged to be self-sufficient and make their own decisions. Conversely, the score of average by nursing faculty does not support their perceptions that decision making is strong or that they are free to use their own initiative to do things. This finding may indicate that employees are not empowered in decision making and that the initiative to accomplish tasks is not emphasized.

Nursing faculty and administration's perceptions in the Task Orientation subscale reveal that the emphasis on good planning, efficiency and getting the job done is stressed. Good planning and efficiency are essential in education organizations

in order for the organization to run efficiently and accomplish organizational goals.

Perceptions for the subscale Work Pressure for both groups was defined as well above average. Increased work pressure for both groups may be related to being in a health care profession or an educational profession. Increased work pressure may lead to decreased job satisfaction and morale, increased burnout among faculty or administration and increased stress related to work in general leading to decreased innovation and productivity.

Analysis of the System Maintenance Dimension revealed scores from nursing administration's perceptions in the average range for the subscales Clarity, Innovation and Physical Comfort and a below average score for Control. Nursing faculty scored in the below average range for Clarity and Control, while Innovation and Physical Comfort scores were in the average range. These findings indicate a mismatch in the perceptions of the two groups. Nursing administration perceived that clarity of communication is strong but nursing faculty do not perceive that explanations are communicated adequately. This should indicate that communication between the two groups must be more effective and efficient.

Below average scores on the subscale Control for both nursing faculty and nursing administration reveals that

administration may not use rules or pressure to monitor faculty activities. A score of below average by faculty may indicate that faculty perceptions of control are lower than those in work groups thereby strengthening nursing faculty's ability to accomplish tasks without administration's absolute enforcement of rules or policies.. Conversely, these scores may be related to the lower perceptions of supervisor support from nursing administration. Nursing administration may perceive that hospital administration does not interfere with the activities of the school's day-to-day business. It is interesting to note that nursing faculty actually scored higher in Control than nursing administration which may indicate that nursing faculty actually perceive greater freedom in implementation of educational functions than administration does with functions of the school as a business.

It is difficult to compare the findings of this study with those of other studies. The other studies related to organizational climate have used a variety of methods to obtain information and have not relied upon the WES alone for its data. The use of other tools or structure interviews have allowed other researchers the ability to gain additional information related to the environment being studied. Comparing all studies done reveal that supervisor support tends to be a weak area. When comparing the findings of this

study to those of Grigsby's study, no comparisons can be made to supervisor support, autonomy, work pressure or control. The results of her study are entirely different to those of this study, therefore, no comparisons can be made.

Comparison of this study's findings with that of Turnipseed's study reveal that the only similarity between the two studies is the subscale Work Pressure. Work Pressure was high in the three shifts studied by Turnipseed as well as for nursing faculty and administration in diploma schools of nursing. In regard to any other similarities, nursing faculty and nursing administration in diploma schools of nursing scored higher in every subscale than in Turnipseed's study.

With the information gained from the WES, nursing education administration can remedy potential problems related to Supervisor Support, Clarity and Autonomy. Based on the findings of this study, several recommendations could be made to nursing education administrators.

1. Assign nursing faculty to a greater variety of tasks to improve the challenge of their position. Increasing the number of tasks faculty are responsible for may increase the number of contacts with other faculty thus potentially allowing faculty a greater commitment to the program and support to one another.

2. Incorporate nursing faculty into a greater decision making role for curriculum decisions. Allowing greater freedom for decision-making by faculty will augment the relationships with fellow faculty members as well as administration. Also, provide a list of situations or responsibilities that faculty should feel free to make decisions about independent of administration input.
3. Determine methods to demonstrate support to nursing faculty (providing positive feedback, creating an openness to approach administration with questions or problems).
4. Plan informal meetings with "no work" agenda to provide opportunities for administration to "thank" faculty for meeting organizational goals as a means of giving positive feedback.
5. Implement a management-by-walking-around approach or open door policy. Implement ways to increase the visibility of nursing administration in the educational arena or clinical settings. An informal approach to supervision will provide improved lines of communication between nursing faculty and administration.
6. Involve nursing faculty in strategic planning sessions with administration. Set up a faculty/administration committee to meet on an infrequent but regular basis to discuss concerns and ideas regarding the school of nursing.

7. Improve clarity of communication between the administration and faculty through memorandums to faculty, frequent informational meetings, telephone messages, or informal social contacts.
8. Maintain an up-to-date faculty handbook of policies and procedures to clarify expectations and responsibilities of nursing faculty and administration.
9. Develop a periodic evaluation system for all administrative personnel in the school of nursing to prevent recurrence of problems/misunderstandings with nursing faculty.
10. Institute a periodic assessment of organizational climate for evaluation of current climate and early identification of potential problems.
11. Implement efforts to decrease the amount of work pressure that both nursing faculty and administration experience. Work pressure may be decreased through increased supervisor support, greater faculty decision-making, and improved clarity of communication between faculty and administration.

Limitations of the study

The following limitations could have affected the study results:

1. Data collected via self-administered, self-report may not be entirely accurate due to situational factors experienced by participants. Factors such as an increased workload of nursing faculty, implementation of the study near the end of the academic school year, energy levels of participants, current attitudes of participants regarding the work environment, and relevance to participants may have affected the answers nursing faculty members and nursing education administrators gave on the WES.
2. Responses of participants to strictly "True/False" answers may have made the questionnaire more difficult to answer. Some of the questions were ambiguous making a true/false answer more difficult.
3. There may have been some confusion regarding the definition of "supervisor" among faculty and administration. Administration may have answered the WES regarding "supervisor" as their immediate supervisor in hospital administration or they may have been unsure who the reference to their supervisor was.
4. The number of nursing administrators participating in this study versus the number of nursing faculty members were disproportionate makes the accuracy of the research more difficult. Having only twenty-four nursing education

administrators in one group increases the possibility of a Type I error occurring.

5. Data from a sampling of this small size from this geographic region cannot be generalized to the entire population of nursing education administrators or nursing faculty members in diploma schools of nursing across the nation.

Significance of the Study for Nursing

This study provides information for consideration by nursing faculty members and nursing education administrators regarding the work environment. Studying the organizational climate of any type of educational program can lead to increased retention of qualified faculty, increased job satisfaction and morale, and greater cohesion between nursing faculty and administration. With admissions to schools of nursing soaring, nursing administration must create and support a climate conducive to the retention of qualified faculty. Job satisfaction will be increased and burnout decreased for nursing faculty and administration in environments that support a positive work environment.

The WES can also be used to periodically monitor the environment to continue assessment of the organizational climate to avoid serious problems and maintain an efficient organization. In addition, if nursing administration is

interested in identifying what nursing faculty perceptions of the ideal environment are, the WES could be administered using Form R (Real) and Form I (Ideal) at the same time.

During this study, a great deal of support was received from nursing administrators and faculty regarding this topic. It is obvious that nursing faculty and administration are interested in promoting a positive work environment. In addition, many nursing faculty and administrators were interested in receiving the results of this study. It is exciting to realize that research being conducted in this vital area has been well received and supported by peers.

Because the literature has been limited regarding organizational climate, very little information has been available for nursing faculty or administration. This research will expand the knowledge base for organizational climate but especially for nursing education. In addition, the findings of this study will begin to support additional research into the work environment and its influence upon efficiency and effectiveness of an organization such as a hospital, medical center or school of nursing. Because of the limited knowledge base regarding organizational climate, nursing administration in various areas can used this research to improve the effectiveness of their own organization.

This study has application not only to nursing education but should peak the interest of any nursing administrator. The organizational climate of any organization needs to be periodically assessed to provide an effective functioning organization as well as an organization that provides a top quality product or outcome.

If nursing administration in diploma schools of nursing promote a positive environment in which to be employed, nursing faculty's creativity, productivity, innovation and job satisfaction will improve and subsequently promote achievement of organizational goals.

Recommendations for Further Research

It is evident that there is much which can be learned from this study related to organizational climate in nursing education. Issues related to a positive work environment in any employment setting will continue to be an important aspect for years to come.

The study of the personality of the work environment can yield a great deal of information regarding the perceptions of the employees or other involved personnel within an organization. Replication of this study on a small scale for one

or more diploma schools of nursing would be ideal to assess the environment six months to a year from the initial study.

Using the variety of Social Climate Scales available, nursing education administrators could analyze the perceptions of nursing faculty and nursing students in classroom settings or support personnel in schools of nursing could also be included. Nursing staff within hospital settings could also be analyzed. The combinations of people included in studies could be endless. Social Climate Scales available for further research in the nursing educational arena include: Classroom Environment Scale, University Residence Environment Scale, or Group Environment Scale. These Social Climate Scales can be used to gather rich data defining the educational environments and community settings (Moos, 1987).

Additional studies examining perceptions of organizational climate of nursing faculty and nursing administration should be conducted using a larger sample in all types of nursing education programs. Educational settings other than nursing may also benefit from the use of the WES to assess or improve organizational effectiveness.

Summary

The purpose of this study was to examine the perceptions of organizational climate of nursing faculty members and

nursing education administrators in selected diploma schools of nursing. The information obtained about the work environment in selected diploma schools of nursing identifies that in three areas nursing faculty members and nursing education administrators have differing perceptions of organizational climate. In addition, comparing the subscale scores of nursing faculty and administration in each of the ten subscales also reveals that some of the subscales have lower than average scores. This analysis could provide administrators with information in order to create a work environment that is more effective and productive. Improvement of the environment could also increase the quality of education that nursing students receive. It is vital in today's cost-conscious society that nursing faculty become empowered to be a critical component in the provision of the highest quality nursing education in diploma schools of nursing.

REFERENCES

Appelbaum, S. (1984). The organizational climate audit. . . or how healthy is your hospital. Hospital and Health Services Administration, 29(1), 51-70.

Arikian, V.L. (1991). Total quality management: Applications to nursing service. Journal of Nursing Administration, 21(6), 46-50.

Bernhard, L. and Walsh, M. (1990). Leadership: The key to the professionalization of nursing. St. Louis, MO: The C. V. Mosby Company.

Bilik, L. and Blum, M. (1989). Deja vu all over again: Initiatives in academic management. Academe, 75, 10-13.

Boerstler, H. (1988). Preparing nurse executives for tomorrow's health management challenges. Journal of Nursing Administration, 18(4), 6, 29.

Charns, M.P. and Schaefer, M. J. (1983). Health care organizations: A model for management. Englewood Cliffs, NJ, Prentice-Hall.

Dienemann, J. (1990). Organizations as open systems. In J. Dienemann (Ed.), Nursing administration: Strategic perspectives and application. Norwalk, CT: Appleton and Lange, 229-246.

Duxbury, M., Henly, G., and Armstrong, G. (1982). Measurement of the nurse organizational climate of neonatal intensive care units. Nursing Research, 31(2), 83-88.

Ellis, J. and Hartley, C. (1991). Managing and coordinating nursing care. Philadelphia, PA: J. B. Lippincott Company.

Flarey, D. (1991). The social climate scale: A tool for organizational change and development. Journal of Nursing Administration, 21(4), 37-44.

Gillies, D., Franklin, M. and Child, D. (1990). Relationship between organizational climate and job satisfaction of nursing personnel. Nursing Administration Quarterly, 14(4), 15-22.

Grigsby, K. (1991). Perceptions of the organization's climate: Influenced by the organization's structure? Journal of Nursing Education, 3(2), 81-88.

Halpin, A. (1966). Theory and research in administration. New York, NY: The Macmillan Company.

Haussler, S. (1988). Faculty perceptions of the organizational climate in selected top-ranked schools of nursing. Journal of Professional Nursing, 4(4), 274-278.

Hellriegel, D. and Slocum, J. (1974). Organizational climate: Measures, research and contingencies. Academy of Management Journal, 17, 255-80.

Krampitz, S. and Williams, M. (1983). Organizational climate: A measure of faculty and nurse administrator perception. Journal of Nursing Education, 22(5), 200-206.

Langemo, D. (1990). Impact of work stress of female nurse educators. Image: Journal of Nursing Scholarship, 22(3), 159-162.

Litwin, G. and Stringer, R. (1968). Motivation and organizational climate. Boston, MA: Division of Research, Graduate School of Business Administration, Harvard University.

Lowenstein, A. (1990). A practicum experience: Use of the Charns and Schaefer model for managerial assessment of a nursing unit. In J. Dienemann (Ed.), Nursing administration: Strategic perspectives and application, Norwalk, CT: Appleton and Lange.

Lowery, B. (1991). Resources to maintain the academic culture. Journal of Professional Nursing, 7(3), 177-183.

Mark, B. (1990). Structural contingency theory. In J. Dienemann (Ed.), Nursing administration: Strategic perspectives and application, Norwalk, CT: Appleton and Lange.

Monk, M. and Edgar, L. (1991, Summer). Restructuring to create a climate for clinical excellence in nursing. Forum, 22-27.

Moos, R.H. (1989). Work environment scale--Form R: Interpretive report form. Palo Alto, CA: Consulting Psychologist Press, Inc.

Moos, R. H. (1987). The social climate scales: A user's manual, Palo Alto, CA: Consulting Psychologists Press, Inc.

Moos, R. H. (1986). Work environment scale manual, (2nd ed.) Palo Alto, CA: Consulting Psychologists Press, Inc.

Pritchard, R. and Karasick, B. (1973). The effects of organizational climate on managerial job performance and job satisfaction. Organizational Behavior and Human Performance, 9(1), 126-146.

Redding, C. (1972). Communication with the organization: An interpretive review of theory and research, (p.111) New York: Industrial Communication Council.

Rowland, H. and Rowland, B. (Eds.). (1992). Nursing administration handbook (3rd ed.). Gaithersburg, MD: Aspen Publishers, Inc.

Staff. (1992). Nursing schools face faculty shortage as pay gains slow. American Journal of Nursing, 92(6), p. 84.

Sullivan, E. and Decker, P. (1992). Effective management in nursing (3rd ed.). Redwood City, CA: Addison-Wesley Nursing.

Turnipseed, D. (1990). Evaluation of health care work environments via a social climate scale: Results of a field study. Hospital and Health Services Administration, 35(2), 245-262.

Valiga, T. and Streubert, H. (1991). The nurse educator in academia: Strategies for success. New York, NY: Springer Publishing Company.

APPENDICES

Appendix A

4739 70th Place
Urbandale, IA 50322
(Current Date)

Dear Director of Nursing Education:

I am a graduate student in nursing at Drake University in Des Moines, Iowa. I am conducting research as part of my master of science in nursing degree requirements. I am studying the perceptions of organizational climate by nursing faculty members and nursing education administrators in selected diploma schools of nursing.

Benefits of participating in this study include nursing education administrators can assessment of the current environment, identification of areas needing intervention, evaluation of supervisors by nursing faculty members, and implementation and monitoring of changes in the work environment. This information can assist nursing education administrators to achieve a highly effective and quality nursing educational program.

Risks of participating in the study are minimal. All participants in the study will be reminded to exclude their name from all study instruments. All information obtained will be reported in aggregate form.

Your nursing school's participation in this study is needed and would involve all full-time nursing faculty members and administrators completing a demographic form and the Work Environment Scale (WES). This would require approximately twenty to thirty minutes to complete.

I am requesting that Directors who wish their faculty members and administrators to participate in this study send a list of the names of part-time and full-time nursing faculty and nursing education administrators employed in your school of nursing. I have enclosed a self-addressed stamped envelope for your convenience. After I receive this list, I will send the study tools to the participants at the school address. Results of the study will be reported in aggregate form.

If you have any questions, please contact either myself or my major advisor, Mary Hansen, Graduate Coordinator (515-271-2830).

Sincerely,

Dixie L. Harms, R.N., B.S.N.
Graduate Student
Drake University, Division of Nursing
(515) 276-5366

Appendix B

Sample Items for the Work Environment Scale (Real Form)

by Paul M. Insel and Ruldolf H. Moos

Involvement Scale
1. The work is really challenging

Peer Cohesion
2. People go out of their way to help a new employee feel comfortable.

Task Orientation
5. People pay a lot of attention to getting work done.

Work Pressure
6. There is constant pressure to keep working.

Control
8. There's a strict emphasis on following policies and regulations.

Innovation
9. Doing things in a different way is valued.

Supervisor Support
13. Supervisors usually compliment an employee who does something well.

Autonomy
14. Employees have a great deal of freedom to do as they like.

Clarity
17. Activities are well-planned.

Physical Comfort
20. The lighting is extremely good.

Appendix C

Form R Means and Standard Deviations for General and Health-Care Work Groups

	General Work Group (N=1442 Employees)		Health-Care Work Group (N=1607 Employees)	
Subscales*	Mean	SD	Mean	SD
Involvement	5.95	1.41	5.56	1.54
Peer Cohesion	5.70	1.15	5.22	1.40
Supervisor Support	5.68	13.8	4.99	1.40
Autonomy	5.54	1.22	4.98	1.46
Task Orientation	5.90	12.9	5.63	1.31
Work Pressure	4.40	1.38	4.87	1.57
Clarity	5.60	1.29	4.44	1.41
Control	4.88	1.33	5.43	1.42
Innovation	4.42	1.54	4.37	1.82
Physical Comfort	4.89	1.35	3.72	1.28

*Each subscale has nine items

Appendix D

Form R Subscale Intercorrelations (N=1045)

Subscales	peer cohesion	Supervisor support	Autonomy	Task Orientation	Work Pressure	Clarity	Control	Innovation	Physical Comfort
Involvement	.53	.47	.48	.54	-.03	.37	-.07	.50	.30
Peer Cohesion		.50	.37	.36	-.12	.38	-.08	.37	.22
Supervisor Support			.50	.29	-.19	.45	-.19	.43	.28
Autonomy				.27	-.08	.24	-.27	.51	.19
Task Orientation					.14	.47	.22	.33	.23
Work Pressure						-.20	.19	-.03	-.23
Clarity							.23	.23	.39
Control								-.22	.08
Innovation									.23

Moos, R. (1986). Work environment scale manual, (2nd ed.), Palo Alto, CA: Consulting Pyschologists Press, Inc.

Appendix E

Form R Internal Consistencies, Corrected Average Item-Subscale Correlations, Test-Retest Reliabilities, and Stabilities

Subscale	Internal Consistency (N=1045)	Corrected Average Item-Subscale Correlations (N=1045)	1-Month Test-Retest Reliability (N=75)	12-Month Subscale Stability (N=254)
Involvement	.84	.52	.83	.62
Peer Cohesion	.69	.36	.71	.58
Supervisor Support	.77	.44	.82	.51
Autonomy	.73	.39	.77	.52
Task Orientation	.76	.42	.73	.52
Work Pressure	.80	.47	.76	.63
Clarity	.79	.45	.69	.59
Control	.76	.41	.79	.60
Innovation	.86	.53	.75	.54
Physical Comfort	.81	.49	.78	.61

Moos, R. (1986). Work environment scale manual, (2nd ed.), Palo Alto, CA: Consulting Pyschologists Press, Inc.

Appendix F

Demographic Form

Please complete the following form. All data obtained from this form will be reported in aggregate form. Please refrain from placing your name on this form or the Work Environment Scale (WES).

Age _____

Years of nursing experience

Clinical nursing _____

Nursing education

Theory _____

Clinical _____

Personal Educational Preparation

Basic educational preparation (Circle one)

ADN

Diploma

BSN

Advanced educational preparation

MSN DNS (DNS)

MS PhD (Specify) _____

Other (Please specify) _____

Hours per week worked _____

Number of students in your nursing program _____

Faculty/student ratio

Theory _____

Clinical _____

Please return this form and the WES in the self-addressed stamped envelope upon completion.

Appendix G

4739 70th Place
Urbandale, IA 50322
(Current date), 1993

Dear Faculty:

I am a graduate student in the Master of Science in Nursing program at Drake University in Des Moines, Iowa. As part of my graduate education, I am conducting research regarding nursing faculty and nursing education administrator's perceptions of organizational climate for the school of nursing in which they are employed. Results of the study will add to the body of knowledge on organizational climate in diploma schools of nursing.

By studying nursing faculty and nursing education administrator's perceptions of organizational climate, nursing education administration can assess the current environment, identify areas needing intervention, evaluate supervisors, and implement and monitor changes in the work environment. With this information, nursing education administration can create a structure and develop a climate that stimulates faculty achievement while maintaining satisfaction with the organization.

If you agree to participate, please complete the enclosed questionnaires. The first is a demographic questionnaire. On the second questionnaire, the Work Environment Scale, you are asked to complete 90 true/false statements regarding the place in which you work. It will take approximately 30-40 minutes to complete both tools.

Participation in this study is voluntary. All data will be reported in aggregate form protecting your anonymity. Do not write your name on the questionnaires. Your consent to participate in this study is indicated by completion and return of the questionnaires.

Please find enclosed a self-addressed stamped envelope in which your questionnaires may be returned. Please return the WES, the answer sheet, and your demographic form. Return of the questionnaires by Friday,
July 2, 1993, would be greatly appreciated.

If you wish to receive a copy of the results, please contact me by mail at the above address or call (515) 241-6365. If you have any questions, you may contact me or my advisor, Mary Hansen, (515) 271-2830.

Sincerely,

Dixie L. Harms, R.N., B.S.N.
Drake University Division of Nursing

Appendix H

May 26, 1993

Dear Nursing Faculty:

Approximately three weeks ago, you should have received a letter requesting your participation in research I am conducting regarding nursing faculty and nursing education administrator's perceptions of organizational climate in diploma schools of nursing. The mailing included a letter explaining the study, the Work Environment Scale and a demographic form.

If you have returned your questionnaire and demographic form, please disregard this reminder. If you have not yet returned your questionnaire and demographic form, would you please at this time fill out your instruments and return them as soon as possible.

Your participation is greatly appreciated. Thank you for your cooperation. If you have any questions regarding this study, please feel free to call me at (515) 241-6365 or contact my advisor, Mary Hansen, R.N., Ph.D. (515) 271-2830.

Sincerely,

Dixie L. Harms, R.N., B.S.N.
Drake University Division of Nursing
Graduate Student

Appendix I

4739 70th Place
Urbandale, IA 50322
(Current date), 1993

Dear Director of Nursing Education:

Approximately two week ago, I mailed a letter to you requesting your permission to include your diploma school of nursing in the research I am conducting as part of my master of science in nursing degree requirements. I am studying the perceptions of organizational climate of nursing faculty members and nursing education administrators in selected diploma schools of nursing.

If you have responded to my request in the last few days, please disregard this letter and thank you for your response. If you haven't responded, would you please do so at this time? If you wish to participate, would you please provide a list of full-time nursing faculty members and nursing education administrators employed in your school of nursing. If you do not wish to participate, would you please respond by returning the enclosed denial to participate slip. A self-addressed stamped envelope is enclosed for your convenience. For more information regarding this study, please review the attached letter explaining the study in further detail.

I hope that you would consider this request favorably. If you wish additional information about this study or have any questions, please contact either myself or my major advisor, Mary Hansen, R.N., PhD., Graduate Coordinator, Drake Unversity Division of Nursing (515-271-2830).

Sincerely,

Dixie L. Harms, R.N., B.S.N.
Graduate Student
Drake University, Division of Nursing
(515) 241-6365

Appendix J

Denial to Participate in Study

Please check this statement if you do not wish to participate in this study at this time.

I do not wish to participate. _____

Name _____

School of Nursing Name
Address
City, State Zip Code

Date _____

Please return this slip in the self-addressed stamped envelope. Thank you.

Appendix K

4739 70th Place
Urbandale, IA 50322
(Current Date)

School of Nursing Name
Street Address
City, State Zip Code

Dear Nursing Administrator:

Approximately two weeks ago you should have received a letter requesting your participation in my research study regarding the perceptions of organizational climate of nursing faculty members and nursing education administrators. Due to an error made collating the mailing, nursing education administrators received the incorrect form. Your cooperation in assisting me to correct this error would be greatly appreciated.

If you have not yet returned your Work Environment Scale and demographic form, would you assist me in correcting this error by simply noting your position as an administrator on the demographic form? If you have returned your Work Environment scale and demographic form, would you please assist me by completing another demographic form? Comparisons of the original demographic form and the repeated demographic from will be possible through comparison of first form mailed and the postmarks. To protect your anonymity, the envelopes and other information will be destroyed upon receipt and comparison of this information.

I apologize for the inconvenience. I am deeply grateful for your cooperation. Thank you. If you have any questions, please feel free to call me at (515) 241-6365 or contact my thesis advisor, Mary Hansen, R.N., Ph.D. (515) 271-2830.

Sincerely,

Dixie L. Harms, R.N., B.S.N.
Graduate Student, Drake University
Division of Nursing

Demographic Form

Please complete the following form. All data obtained from this form will be reported in aggregate form. Please refrain from placing your name on this form or the Work Environment Scale (WES).

Check one please:

Nursing Faculty _____ Nursing Administration _____

Age _____

Years of nursing experience

Clinical nursing _____

Nursing education

Theory _____

Clinical _____

Personal Educational Preparation

Basic educational preparation (Circle one)

ADN

Diploma

BSN

Advanced educational preparation (Circle one)

MSN DNS (DNS)

MS PhD (Specify) _____

Other (Please specify) _____

Hours per week worked _____

Number of students in your nursing program _____

Faculty/student ratio

Theory _____

Clinical _____

Please return this form and the WES in the self-addressed stamped envelope upon completion. Thank you for your participation.